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Bib Data Sheet

CONFIRMATION NO. 7300

SERIAL NUMBER 10/722,737	FILING DATE 11/25/2003 RULE	CLASS 424	GROUP ART UNIT 1616	ATTORNEY DOCKET NO. BSG 021 US
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APPLICANTS

Bradley S. Galer, West Chester, PA;

**** CONTINUING DATA *******

None

**** FOREIGN APPLICATIONS *******

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

**** 02/26/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY PA	SHEETS DRAWING 0	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 3
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Verified and Acknowledged Examiner's Signature *[Signature]* Initials

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TITLE

Compositions and methods for treating neuropathic sensory loss

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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